

**LOUISIANA**  
 DEPARTMENT of REVENUE

**Purchases by Nonprofit Organizations that  
 Train or Employ Persons with Disabilities**

Application/Exemption Certificate

*Louisiana R.S. 47:301(8)(f)***Mail to:**
 Louisiana Department of Revenue  
 Revenue Processing Center  
 P. O. Box 4998  
 Baton Rouge, LA 70821-4998  
 Phone: (855) 307-3893
**PLEASE PRINT OR TYPE**

Nonprofit Organization Name		
Physical Address		
City	State	ZIP
Mailing Address		
City	State	ZIP
Telephone Number		

The above nonprofit organization hereby applies for the state sales tax exclusion for purchases by the organization allowed by Revised Statute 47:301(8)(f). In applying for the sales tax exclusion, the organization certifies the following:

1. The organization is a bona fide nonprofit organization;
2. The nonprofit organization sells donated goods; and
3. Seventy-five percent or more of the organization's revenues are spent on directly employing or training for employment persons with disabilities or workplace disadvantages.

Name and title of officer entitled to make purchases on behalf of the organization.	
Name	Title
Officer of the organization completing the application.	
Print/Type Name	Title
Signature	Date (mm/dd/yyyy)

Questions about the completion of this application should be sent to [Sales.Inquiries@la.gov](mailto:Sales.Inquiries@la.gov).

For Official Use	
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>	Exclusion Certificate Expires annually on _____, 20 _____.
Signature of Department Representative	Date (mm/dd/yyyy)